



**Iowa Wellness Plan Quarterly Report
1115 Demonstration Waiver
July 31, 2014 – September 30, 2014**

October 30, 2014

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I. EXECUTIVE SUMMARY

In December 2013, CMS approved the Iowa Health and Wellness Plan (IHAWP) as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on standing relative to the Federal Poverty Level (FPL):

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan employs premium assistance to purchase qualified health plans (QHP) from the Healthcare Marketplace established under the ACA. The current QHPs are Coventry Health Plan (Coventry) and CoOpportunity Health (CoOpportunity).

The IME continued to work closely with CMS for technical assistance and guidance on meeting requirements of the Special Terms and Conditions (STCs) for both plans. Despite ongoing challenges with administering a new program, the state accomplished several key activities in the third quarter of operation including:

- Established an additional Accountable Care Organization (ACO) agreement with Iowa Health+; this increases the number of ACO agreements to four. Last quarter the state secured agreements with Broadlawns Medical Center, the University of Iowa Health Alliance, and UnityPoint Health Partners.
- Progress on statewide implementation of the Department of Corrections enrollment process for offenders.
- Release of the Request for Proposal (RFP) to secure a contractor for the Healthy Behaviors Program.
- Finalization and CMS approval of the dental evaluation design addendum.
- Finalization and CMS approval of year 1 Healthy Behaviors and Premium Protocols.
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education.

Following this letter is a detailed report of key activities and statistics for the second quarter of the program's operation consistent with the STCs. Do not hesitate to contact me at 515-256-4644 or jlovela@dhs.state.ia.us, or Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Julie Lovelady
Interim Director
Iowa Medicaid Enterprise

II. SIGNIFICANT ACTIVITIES OF THE QUARTER

1. Transition and Implementation Activities

A. Member Engagement

In the fall 2013, the Iowa Medicaid Enterprise (IME) implemented the Department of Human Services (DHS) Contact Center to support the IHAWP enrollment and related ACA implementation inquiries. During third quarter, the center continued to respond to questions from state staff, such as field workers, and provided external customer support including enrollment applications and inquiries related to new and existing programs. There was a notable increase in the number of calls received from “Qualified Entities” (QEs) for assistance with the Medicaid Presumptive Eligibility Portal (MPEP). These QEs represent enrolled Iowa Medicaid providers certified by DHS and have authority to make presumptive eligibility determinations. MPEP support includes technical assistance with processing presumptive applications and assistance with policy questions.

Members continued to receive educational information about the IHAWP through their initial welcome and enrollment packets. The packets contain information on the program, and information on available primary care providers, or health plans, based on the program for which the member is eligible. Beginning second quarter, the IME began including information about the Healthy Behaviors program in the enrollment packets.

During third quarter, a variety of outreach materials about the IHAWP were created for the outreach events specifically mentioned below in section B. In August, the IME was able to share information on the new programs with more than 1,000 individuals at the Iowa State Fair.

B. Provider Engagement

The IME Provider Services Outreach team communicated information on the IWP to Iowa providers specifically targeting primary care providers to address patient needs. The number of participating primary care providers/ patient managers, increased from 1,504 to 1,530 over third quarter.

During third quarter, many community partners and provider associations requested informational meetings, panels, and presentations about the IHAWP. These sessions were held with the following entities:

- Mercy Hospital-Des Moines
- On with Life Conference
- Primary Care Association
- Iowa Medical Group Management Association
- American Association of Healthcare Administrative Management-Hawkeye Chapter
- Iowa Occupational Therapist Association

The IME conducted annual training for providers from June through August. The training focused mainly on managed care and the IHAWP. A total of 3,554 participants attended 66 sessions that were held in Sioux City, Davenport, Burlington, Mason City, Fort Dodge, Dubuque, and Des Moines.

2. Stakeholder Concerns

Since the first quarter of 2014, the IME has received reports from providers and the stakeholder community about confusion of the benefit packages between the two different waiver programs (Wellness Plan or Marketplace Choice). By the end of third quarter, the confusion became less of an issue due to ongoing education through training sessions and other communications.

3. Significant Events

A wide variety of outreach and education was conducted for various audiences related to the implementation of the IHAWP.

A. Press Releases and Coverage

In the third quarter of 2014, the IHAWP continued to be highlighted in news articles related to health care coverage and the Affordable Care Act. Specifically, the DHS issued press releases related to the launch of the new member IHAWP website and the launch of another Accountable Care Organization agreement with Iowa Health+. More information on these press releases can be accessed from the following links:

http://dhs.iowa.gov/sites/default/files/July032014_IHAWPUpdate.pdf
http://dhs.iowa.gov/sites/default/files/August112014_IHAWPUpdate.pdf

B. Advocacy Groups and Community Outreach Activities

The IHAWP has given the IME the opportunity to increase communication with stakeholders and community partners. A weekly email and distribution list is frequently used to share information. The weekly emails provide quick updates on the program, delivering information on a timely basis to interested individuals. The emails also serve as a way to share new documents, member materials, and update stakeholders on key developments. Close to 800 unique individuals subscribe to the weekly updates. In the third quarter, additional in-person or teleconference stakeholder educational sessions were held with a variety of organizations:

- Iowa Community Action Association
- Iowa Medical Society Roundtable Discussions
- Mercy North Iowa Population Health Staff
- Iowa Collaborative Safety Net Provider Network
- Visiting Nurse Services of Iowa
- Jump Start Polk County Health Fair
- Iowa State Fair (community outreach booth with Health Insurance Marketplace for all eleven days of the Fair)
- Easter Seals of Iowa
- African American Leadership Forum on Health Care

- Farm Progress Show (community outreach booth with Health Insurance Marketplace for all three days of the show)
- Iowa Legal Aid
- University of Iowa Health Care Benefits Staff
- Mercy Cedar Rapids
- Family Planning Council
- Genesis Healthcare
- Mercy Des Moines
- Mercy North Iowa

4. Legislative Developments

Administrative rules for the IHAWP continued to move through the process to meet an effective date of January 1, 2015. During third quarter, the rules were submitted for public notice and comments, and subsequently sent to the Legislative Council for review.

ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

Over the third quarter, the overall IHAWP population increased by 4 percent for an ending total of 115,245. The IWP component increased over the quarter by 2 percent with an ending total of 87,893.

When members are determined eligible for this coverage group, they initially receive services in the fee-for-service plan (FFS), and later have an opportunity to choose a primary care case manager or provider under the HMO (if available in that county). As of September 26, 13,445 persons were enrolled with the HMO and 47,827 were enrolled with a PCCM. The remaining enrollees were in the process of selecting a provider or reside in a county without PCCM or HMO availability. As of third quarter, 87 of the state's 99 counties have managed care access in the IWP.

IWP enrollment totals by county can be found at:

http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_September2014.pdf

Additional enrollment information by demographic components will be provided in future quarterly reports when available.

Monthly enrollment totals for the IHAWP are shown below.

| Plan/Coverage Group | July | August | September |
|---------------------|---------|---------|-----------|
| Marketplace Choice | 24,527 | 25,329 | 26,535 |
| Wellness | 86,187 | 86,551 | 87,893 |
| Presumptive IHAWP* | 575 | 698 | 817 |
| Total | 111,289 | 112,578 | 115,245 |

*Presumptive IHAWP – Members are defaulted to the Wellness Plan until plan/provider assignments are established.

2. Targeted Populations

The state identifies specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the STCs. These groups consist of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). At the end of third quarter, the total population for these groups was 15,151. Below are IWP enrollment totals for the targeted populations.

| Population Group | July | August | September |
|--------------------------------|--------|--------|-----------|
| 19-20 Year-old | 4,589 | 5,481 | 6,035 |
| American Indian/Alaskan Native | 1,020 | 1,016 | 1,031 |
| Medically Exempt | 8,678 | 8,374 | 8,085 |
| Total | 14,287 | 14,871 | 15,151 |

A. Nineteen/Twenty Year-olds

The IME conducts outreach to members and providers to ensure they are aware that all EPSDT services are covered for members under age 21. This is done under a contract with the Iowa Department of Public Health (IDPH), as with other Medicaid groups. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets. At the end of September 2014, members in this age group totaled 6,035.

B. American Indian/Alaskan Natives

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 1,031 at the end of September 2014.

C. Medically Exempt

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 8,085 members in the IWP at the end of September 2014. Exempt members will be enrolled in the Medicaid state plan and have the option to change coverage to the Alternative Benefit Plan known as the IWP. As of September 30, 2014, no members identified as medically exempt elected to enroll in the IWP. The state's methodologies for identifying these individuals are described below.

▪ Self-attestation

Members who enroll through the regular application process will receive a survey to self-attest their medical conditions/status if they provided affirmative answers to either of two questions on the single-streamlined application regarding: (1) receipt of Social Security income (2) and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living.

A notice accompanies the survey explaining completion of the survey is voluntary and that a member's benefit plan may change as a result of their survey responses. The resulting survey score is based on a weighted algorithm that determines whether the member meets the criteria of an exempt individual. Members will remain in their assigned plan (IWP or MPC) if the completed survey is not returned. The IME's Member Services Unit is available to assist members with any questions about the medically exempt process.

▪ **Provider Referrals**

The IME has also created a referral form to be used by providers or other entities that have a relationship with the member. The form is comprised of questions designed to assist with the process of medically exempt determinations. Completed forms are returned to the IME for review to determine if the member qualifies for medically exempt status.

To address confusion about the medically exempt concept, the IME educated providers and stakeholders about medically exempt coverage and the processes involved for determination. Additionally, the IME is available to provide education to specific groups as needed.

III. ACCESS/DELIVERY

Provider access under the IWP follows similar standards that have proven to be effective for the state's Medicaid managed care population. This will ensure the infrastructure for the IWP is adequate for timely access to care for members. On July 3, 2014, CMS approved the state's Healthy Behaviors and Premium Protocols Year 1, which included the following standards.

1. Access to Care Standards

The state will ensure that ninety-five percent of IWP members will reside in counties that meet the following timely access standards.

- Medical service delivery sites are located within 30 miles of enrolled recipients.
- Patients with urgent symptoms shall be seen within one day of contacting their primary care provider.
- Patients with persistent symptoms shall be seen within 48 hours of reporting of the onset of the symptoms.
- Patient routine visits shall be scheduled within four to six weeks of the date of the patient request the appointment.
- The provider shall provide or arrange for 24-hour, 7-day provider availability to enrolled recipients.

2. NCQA Element 1B Standards

The state will ensure that 90 percent of IHAWP members either 1) live in a county that has at least 1 provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent. NCQA Element 1B standards are as follows:

- Providing access to routine and urgent-care appointments outside regular business hours
- Providing continuity of medical record information for care and advice when office is not open
- Providing timely clinical advice by telephone when the office is not open (critical factor)
- Providing timely clinical advice using a secure, interactive electronic system when the office is not open
- Documenting after hours clinical advice in patient records

3. Monitoring Access and NCQA Standards

The state will conduct a provider survey to monitor access standards stated above in sections 2 and 3. The IME has consulted with a biostatistician from the University of Iowa Public Policy Center (PPC) to develop a survey methodology that captures responses from rural, urban, and near-urban providers. The PPC methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size. This will ensure the survey accurately reflects the ratio of providers to which members have access. For more details on monitoring standards see the draft of the Healthy Behaviors Program and Premium Monitoring Year 2 (Attachment 1).

Third quarter provider survey results revealed the required percentage of providers surveyed met the state's access and NCQA standards. See Attachment 2 for more information on survey results.

4. Provider Network

See Attachment 3 for maps that show provider access by county for the IHAWP population.

IV. COMPLAINTS/GRIEVANCES/APPEALS

1. Complaints/Grievances

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During third quarter, the IME received a low number of complaints with the majority consisting of basic questions about IWP benefits. Call Center staff were able to resolve all issues with members during the calls. A summary of these complaints is provided below.

| Complaint Type | July | August | September |
|-----------------------|------|--------|-----------|
| Benefits and Services | 10 | 3 | 4 |
| Access | 8 | 4 | 6 |

| | | | |
|--------------------------------------|---|---|---|
| Substance Abuse/Mental Health Access | 0 | 0 | 0 |
| Quality of Care | 0 | 0 | 0 |
| Medical Provider Network | 2 | 0 | 0 |
| Premiums and Cost Sharing | 0 | 0 | 0 |
| Healthy Behaviors | 0 | 0 | 0 |
| Non-emergency Medical Transportation | 1 | 0 | 0 |
| EPSDT Services | 0 | 0 | 0 |

2. Appeals/Exceptions

During third quarter a total of 24 exceptions to Medicaid policy were requested by IWP members. Eleven requests were approved; ten due to miscellaneous IME errors and one for medically necessary services. Seven requests were withdrawn by IME as unnecessary and resulted in paid services. The remaining six exceptions involved non-covered services and were denied for consideration of payment.

VI. Budget Neutrality/Fiscal Issues

During third quarter, the state did not encounter any financial issues related to the IWP. See Attachment 4 for the actual number of member months for the IHAWP as of September 30, 2014.

VII. Future Planning

1. Dental Wellness Plan Implementation

On May 1, 2014, the state, in conjunction with Delta Dental of Iowa, implemented the Delta Wellness Plan (DWP) to provide dental coverage for IHAWP members under a prepaid ambulatory health plan structure. See Attachment 5 for a status report of the DWP as of September 25, 2014.

2. Healthy Behaviors Program

On July 3, 2014, the state received CMS approval on the Healthy Behaviors and Premiums Protocols that describes the state's plan for implementing healthy behavior incentives and premiums protocols for year 1. Additionally, in accordance with the STCs, the state worked on finalizing Healthy Behaviors Incentives Standards and Premium Monitoring Protocols in year 2 or subsequent years. In third quarter, the state released an RFP to secure a contractor for assistance with implementation of the healthy behaviors program.

3. Evaluation Design

On September 29, 2014, the state received CMS approval on the Dental Wellness Plan Evaluation design addendum. In accordance with the STCs, the state posted

the final dental design on the IME website at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ihawp-fed-docs>. Additionally, the state and PPC received guidance from CMS on the healthy behaviors evaluation design addendum to assist with finalization of the first draft.

4. Department of Corrections Enrollment Process

The DHS has partnered with the Department of Corrections (DOC) to streamline the enrollment process for offenders. The new process is being piloted in several of the state correctional facilities to ensure that an offender eligible for Medicaid benefits has access to coverage at the time of their release. This initiative aims to connect offenders to necessary health care, including mental health services to assist with reducing the recidivism rate. To date, the pilot process has been successful for many offenders. DOC and DHS continue work on implementing the enrollment process in additional DOC facilities with the goal of expanding statewide.

VIII. Additional Information

Please contact Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us, if there are any other materials or suggestions CMS would like to see for IWP related activities during third quarter 2014 or future quarterly reports.

Attachments

1. Draft Healthy Behaviors Program and Premium Monitoring Year 2
2. IWP Provider Survey Results
3. IHAWP Network Access Maps
4. Financial Reporting - IHAWP Member Months
5. Dental Wellness Plan Status Report